


FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19164
1. Corporation Name MINISTERIO RADIAL MARANATHA INC.

Principal Place of Business	Mailing Address
422 Bali Terrace Deltona, FL 32725	P.O. Box 5521 Deltona, FL 32728

2. Principal Place of Business	2a. Mailing Address
21 422 Bali Terrace Suite, Apt. #, etc.	26 P.O. Box 5521 Suite, Apt. #, etc.
22 City & State 23 Deltona, FL	27 City & State 28 Deltona, FL
24 Zip 32725	29 Zip 32728
25 Country Volucia	30 Country Volucia

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-2887760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

P/D
Malaguas Bosques
422 Bali Terrace
Deltona, FL 32725

10. Name and Address of New Registered Agent

81 Name Malaguas Bosques
82 Street Address (P.O. Box Number is Not Acceptable) 422 Bali Terrace
83
84 City Deltona
85 Zip Code FL 32725

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
S/D	Patria Arrollo
STREET ADDRESS	112 Essex Ave. Altamonte Spring
CITY-ST-ZIP	FL 32701
<input type="checkbox"/> DELETE	
T/D	Roabelle Bosques
STREET ADDRESS	422 Bali Terrace
CITY-ST-ZIP	Deltona, FL 32725
<input type="checkbox"/> DELETE	
P/D	Malaguas Bosques
STREET ADDRESS	422 Bali Terrace
CITY-ST-ZIP	Deltona, FL 32725
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
S/D	Patria Arrollo
1.3 STREET ADDRESS	112 Essex Ave., Altamonte Spring
1.4 CITY-ST-ZIP	Florida 32701
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Malaguas Bosques 4/10/97

Malaguas Bosques **Date** **Daytime Phone #**

CR0307 (9/96)